

Case Number:	CM14-0164782		
Date Assigned:	10/09/2014	Date of Injury:	12/18/2004
Decision Date:	11/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old male who reported an injury on 12/18/2004. The mechanism of injury was not noted in documentation submitted for review. His diagnoses include chronic low back pain, sacroiliitis, and post laminectomy syndrome at the lumbar region, lumbago and GERD. The injured workers past treatments include chiropractic care, physical therapy, various medications, epidural steroid injections and a spinal cord stimulator which was removed in May of 2012. Diagnostic studies included an MRI of the lumbar spine on 08/04/2014 which showed an increase of synovial fluid at the L3-L4 joints consistent with some L3-L4 facet arthropathy with degenerative bulge only at L3-L4, slight lateral recess narrowing bilateral at L3-L4, relatively normal postoperative scan, status post a two level transforaminal lumbar interbody fusion (TLIF) and a posterior spinal fusion (PSF). A four view lumbar x-ray on 09/29/2014 with flexion/extension views which showed a degenerative retrolisthesis with hypermobility at L3-4 in extension, L3-4 slip measured about 5.5 mm which reduced completely in forward flexion, with some facet gaposis in extension and even some in flexion. His past surgeries consist of a herniorrhaphy transforaminal interbody fusion (TLIF) in 2009, posterior spinal fusion and a spinal cord stimulator removal in 2012. On 09/29/2014 the injured worker reported back pain rated 6-9/10 which he stated was better with rest and aggravated with prolonged sitting or standing. Physical examination showed no spinal deformities. His range of motion showed limitation, with finger to floor distance of 15 inches, and extension of only 50%. Reflexes were hyporeflexic but symmetric. The injured worker's medication regimen included Fentanyl patch 25mcg, Cymbalta, Ambien and Prilosec. The Treatment plan was for the injured worker to receive a facet block at L3-L4, and if temporary relief was provided with the injection then he was to follow up with a L3-L4 facet rhizotomy (RFA). The physician also recommended aquatic therapy to help with core strengthening. A request was received for a refill of Ambien CR

12.5mg quantity 30 and a lumbar epidural steroid injection at L3, L4, L5, and S1 regions. The rationale for the request submitted was not noted in documentation. The request for authorization was dated 09/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Refill of Ambien CR 12.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, low back, Zolpidem (Ambien)

Decision rationale: The Request for a refill of Ambien CR 12.5 mg quantity 30 is not medically necessary. The Official Disability Guidelines state the use of Zolpidem (Ambien) is approved for short term use usually two to six weeks and is commonly prescribed for chronic pain, however it is rarely if ever recommend for long term use and a cognitive behavioral therapy program should be an important part of the treatment plan. The documentation provided shows the injured worker has taken Ambien longer than 3 months. There is a lack of documentation regarding sleep duration and quality with the use of Ambien. In addition, the documentation revealed the injured worker is still having complaints of low back pain and is currently on a medication regimen along with a home exercise program. However, there is no documentation indicating the injured worker has participated in a cognitive behavioral therapy program. There is a lack of documentation indicating the injured worker has experienced a reduction in the time to sleep onset, improvement of sleep maintenance, avoidance of residual effects and increased next-day functioning. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Lumbar epidural steroid injection L3, L4, L5 S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid Injections (ESI) Page(s): 46-47.

Decision rationale: The request for lumbar epidural steroid injection L3, L4, L5 and S1 is not medically necessary. The California MTUS guidelines recommend epidural steroid injections as an option for radicular pain. However, no more than two injections are recommended. The guidelines state no more than two nerve root levels, and no more than one interlaminar level should be injected at once session. The California MTUS guidelines also state the injections should be performed using Fluoroscopy for guidance, and repeat blocks should be based on

continued objective documented pain and functional improvement, including at least 50 % pain relief with associated reduction of medication use for six to eight week, with a general recommendation of no more than four blocks per region per year. On September 29, 2014 the injured worker was seen for a follow up visit and presented with low back pain with no documentation of radiating pain. The documentation shows that the injured worker has underwent a total of three epidural steroid injections post procedure since 2009 with no quantifiable evidence of pain relief or functional improvement. The request submitted is for injections to 3 levels, which is not supported by the guideline recommendations. The request submitted for review does not indicate the injections will be performed using Fluoroscopy for guidance and according to the guidelines the injections should be performed using Fluoroscopic guidance. There is a lack of documentation indicating the injured worker had at least a 50% reduction of pain and medication usage with the prior injections, as well as significant objective functional improvement. In the absence of documentation showing quantified evidence of functional improvement, quantifiable pain relief as well as documentation in the request showing use of Fluoroscopic guidance, the request is not supported.